



2024 Cuyahoga County COBRA Rates

Medical:

Medical Mutual	SuperMed PPO	SuperMed EPO
Employee Only	\$1,054.82	\$835.05
Employee+ Family	\$2,742.51	\$2,171.09

MetroHealth	MetroHealth Select	High Deductible
Employee Only	\$664.55	\$467.35
Employee+ Family	\$1,727.78	\$1,251.15

Dental:

Delta Dental Dental PPO	
Employee Only	\$26.03
Employee+ Family	\$69.24

Vision:

VSP Vision	
Employee Only	\$4.56
Employee+ Family	\$11.85